U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

OMB CONTROL NO: 1405-0004
EXPIRATION DATE: 12-31-2023
ESTIMATED BURDEN: 85 MIN

Use black ink only. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are submitting fees:

☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both

The U.S. passport card is not valid for international air travel. (See Instructions Page 3)

☒ Regular Book (Standard) ☐ Large Book (Non-Standard)

The large book is for frequent travelers who need more visa pages.

1. Name Last

DOE

☐ D ☐ O ☐ S ☐ NFR

End. # _____ Exp. _____

First

JOHN

Middle

MICHAEL

2. Date of Birth *(mm/dd/yyyy)*

12 25 2000

3. Sex M ☒ F ☐

4. Place of Birth *(City & State if in the U.S. or City & Country as it is presently known.)*

LAOAG CITY, PHILIPPINES

5. Social Security Number

777 77 7777

6. Email *(see application status at passportstatus.state.gov)*

JOHN.DOE@GMAIL.COM

7. Primary Contact Phone Number

808-958-6999

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

2000 SOUTH KING STREET

Address Line 2: *(Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe, mother)*

APT. 2507

City

HONOLULU

State

HI

Zip Code

96813

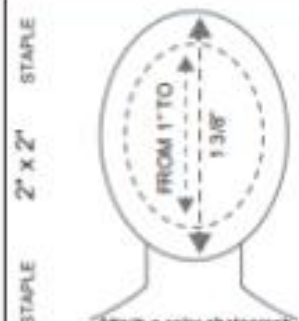
Country *(if outside the United States)*

9. List all other names you have used. *(Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)*

A.

B.

STAPLE 2" x 2" STAPLE



STAPLE 2" x 2" STAPLE

Attach a color photograph taken within the last six months

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other _____

Name _____

Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy) State of Issuance

ID No Country of Issuance

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other _____

Name _____

Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy) State of Issuance

ID No Country of Issuance

☐ Acceptance Agent ☐ (Vice) Consul USA

☐ Passport Staff Agent

(Seal)

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

x _____ **Applicant's Legal Signature - age 16 and older**

Signature of person authorized to accept applications _____ Date

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Agent ID Number

x _____ **Mother/Father/Parent/Legal Guardian's Signature** *(if identifying minor)*

Print Facility Name/Location

Facility ID Number

x _____ **Mother/Father/Parent/Legal Guardian's Signature** *(if identifying minor)*

Name of courier company *(if applicable)*

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

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Name of Applicant *(Last, First, & Middle)*: DOE, JOHN MICHAEL

Date of Birth *(mm/dd/yyyy)*: 12/25/2000

10. Parental Information

Mother/Father/Parent - First & Middle Name *(at Parent's Birth)*: JANE

Last Name *(at Parent's Birth)*: SMITH

Maiden Name

Date of Birth *(mm/dd/yyyy)*: 12 25 1970

Place of Birth (City & State if in the U.S. or City & Country as it is presently known): ILOCOS NORTE, PHILIPPINES

Sex: ☐ Male ☒ Female

U.S. Citizen? ☒ Yes ☐ No

Mother/Father/Parent - First & Middle Name *(at Parent's Birth)*: JOHN RALPH

Last Name *(at Parent's Birth)*: DOE

Date of Birth *(mm/dd/yyyy)*: 01 01 1970

Place of Birth (City & State if in the U.S. or City & Country as it is presently known): ILOCOS NORTE, PHILIPPINES

Sex: ☒ Male ☐ Female

U.S. Citizen? ☒ Yes ☐ No

11. Have you ever been married? ☐ Yes ☒ No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse *(Last, First & Middle)*:

Date of Birth (mm/dd/yyyy):

Place of Birth:

U.S. Citizen? ☐ Yes ☐ No

Date of Marriage *(mm/dd/yyyy)*:

Have you ever been widowed or divorced? ☐ Yes ☐ No

Widow/Divorce Date *(mm/dd/yyyy)*:

12. Additional Contact Phone Number

☐ Home ☐ Work ☐ Cell

13. Occupation *(if age 16 or older)*: STUDENT

14. Employer or School *(if applicable)*: UNIVERSITY OF HAWAII

15. Height: 5ft. 8in.

16. Hair Color: BLACK

17. Eye Color: BROWN

18. Travel Plans *(If no travel plans, please write "none")*

Departure Date *(mm/dd/yyyy)*:

Return Date *(mm/dd/yyyy)*:

Countries to be Visited:

19. Permanent Address *(Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. **Do not list a P.O. Box**)*

Street/RFD # or URB:

Apartment/Unit:

City:

State:

Zip Code:

20. Your Emergency Contact *Provide the information of a person not traveling with you to be contacted in the event of an emergency.*

Name: JANE DOE

Address: Street/RFD # or P.O. Box: 2000 SOUTH KING STREET

Apartment/Unit: 2507

City: HONOLULU

State: HI

Zip Code: 96813

Phone Number: 808-586-0000

Relationship: MOTHER

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? ☒ Yes ☐ No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book: JOHN MICHAEL DOE

Most recent passport book number: 111111111

Most recent passport book issue date *(mm/dd/yyyy)*: 12/25/2015

Status of your most recent passport book: ☒ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

Name as printed on your most recent passport card:

Most recent passport card number:

Most recent passport card issue date *(mm/dd/yyyy)*:

Status of your most recent passport card: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession *(if expired)*

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence:

☐ Birth Certificate SR CR City Filed: Issued: ☐ Sole Parent

☐ Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: At:

☐ Report of Birth Filed/Place:

☐ Passport C/R S/R See #21 #DOI:

☐ Other:

☐ Attached:

☐ PIC of Citz ☐ PIC of ID ☐ DS-71 ☐ DS-3053 ☐ DS-64 ☐ DS-5520 ☐ DS-5525 ☐ PAW ☐ NPIC ☐ IRL ☐ Citz W/S

DS 11 B 12 2020 2